

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-4073

www.iowa.gov/ethics

**FORM-GB**Gift or Bequest information received
by a department or accepted by the
Governor on behalf of the state**For office use only**
 Indexed _____
 Audited _____
 Checked _____
 Computer _____

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Iowa Medical and Classification Center	
Name of Department or Office 2700 Coral Ridge Ave.	Corvallis, IA 52241
Mailing Address 319-626-4302	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Greg Ort	
Name	
Same	
Mailing Address (if different from above) Greg.Ort@iowa.gov	City, State, Zip (if different from above) 319-626-4302
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

See attached	
Name	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

January 2009	\$12,883.00
Date of Gift or Bequest	Amount/Value
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift or bequest and purpose thereof:

Please see attached

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Don Craig, affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Don Craig
Signature

2-20-09
Date

 2009 FEB 27 AM 9:57
 IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

[illegible]

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-3701

www.iowa.gov/ethics

FORM-GBG

Gift, Bequest, or Grant Information
received by a department or
accepted by the Governor on behalf
of the state

For office use only

Indexed _____
Audited _____
Checked _____
Computer _____

Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Iowa State Penitentiary	
Name of Department or Office #3 John Bennett Drive	Fort Madison, IA 52627
Mailing Address 319-373-5433	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Julia Johnson	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

See attached	
Name	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

<i>Donor's Signature</i>	
Date of Gift, Bequest, or Grant	Amount/Value*
2-20-09	569
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof:

See attached

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Don Craig affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Don Craig
Signature

2-20-09
Date

IOWA STATE PENITENTIARY, #3 JOHN BENNETT DRIVE, FORT MADISON, IA. 52627

Date	Name	Address	Reason	Amount
1/1 - 1/31/09	76 used newspapers 531 used magazines 14 books	Various local Churches Various local Churches Various inmates	Inmate Rel. Ed. Inmate Rel. Ed. Library	\$38.00 \$531.00 \$76.00
Total Amount				\$569.00

IA ETHICS AND
COMMUNITY RELATIONS
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